

School Dental Programs Annual Evaluation Report

Programs with a Memorandum of Agreement with South Carolina Department of Health and Environmental Control

This document contains the format and criteria for the School Dental Program Annual Evaluation Report. Each program in preparing their narrative and data report should address each applicable area.

I. Assess disease burden in the population served and school's needs.

a. Needs Assessment

i. School Participation:

1. The schools eligible for participation in this program are those with 50 percent or higher enrollment in the reduced/free lunch program and/or Medicaid eligible students as reported by The Office of Research and Statistics of the SC Budget and Control Board.
2. A waiver may be available for a school that falls under the 50 percent enrollment in the reduced/free lunch program and/or Medicaid eligible students if there is evidence of unmet dental needs.
3. The waiver can be obtained, upon written application, from DHEC's Oral Health Director.

ii. Obtain 2002 Oral Health Needs Assessment data for county from School Dental Program Coordinator.

iii. Work with the school and community to conduct a needs and resources assessment before developing a health services plan.

b. Selection of Services:

- i. Oral health preventive services offered to include: oral health education, dental screening, prophylaxis, topical fluoride and dental sealants.

c. Collaboration

- i. Oral Health providers will collaborate with other health services staff and regular school personnel to assess and meet the health, developmental, and educational needs of the students.
- ii. Oral health providers will provide a copy of agreements with school districts or individual schools at the beginning of each MOA period. Additional agreements will be forwarded to DHEC, Oral Health Division before initiation of school-based activities. Deletions will be forwarded as soon as known.
- iii. Dental providers will actively participate on school health teams to establish and maintain effective team relationships.

d. Health Assessment

- i. If the dental hygienist works with the local school nurse or other school official to arrange dental screenings using the Association of State and Territorial Dental Directors (ASTDD) Basic Screening Survey (BSS) or an enhanced version for children enrolled in kindergarten, third, and seventh, and tenth grades in all schools where the program is providing services. The results of these screenings will be delivered to DHEC Oral Health Division within 15 days of completion.
- ii. The program will provide both semiannual (interim) and annual reports (data and narrative) containing the following information:

1. Total number of students served by grade, school, district, and county
 2. Total number of schools served by district and county
 3. Number and grade level of students receiving at least one molar sealant by school, district, and county
 4. One- year sealant retention rate for each provider
 5. Number and grade level of students referred for early dental care by school.
 6. Number and grade level of students referred for urgent care only by school, district, and county.
 7. Number and grade level of referrals for urgent care that are completed by school, district, and county.
- e. South Carolina Oral Health Surveillance and Needs Assessment
- i. Periodically the Division of Oral Health will conduct state oral health surveys using the Basic Screening Survey for kindergarten, third, seventh and tenth grades. Programs will coordinate such activities with the health assessments to prevent duplication of effort and minimize disruption for the school. The data from such screenings will be delivered to the Oral Health Division within 30 days. Results will be shared with the school officials.
- f. Annual customer satisfaction surveys conducted by DHEC with help of school social workers:
- i. Survey of parents (guardians)
 - ii. Survey of school administrators and teachers

II. Dental preventive services including oral hygiene instructions, oral prophylaxis, topical fluoride (gel or varnish), the application of dental sealants, and dental radiographs (if possible).

- a. All programs are responsible for obtaining the medical history for the student from the parents before the student receives dental care.
 - i. Information will be collected from parents at least annually and should include known allergies, details of chronic health conditions, any medications, emergency contact information, and the name and phone number of the child's primary health care providers.
- b. Cultural Sensitivity: All persons who provide oral health services to children shall do so in a caring, culturally sensitive, and respectful manner.
- c. Confidentiality: Program should develop written policies for sharing of health information with relevant school staff when necessary. Policy should be consistent with school's privacy policies.
- d. Standing Orders: All activities of the dental hygienists in school settings will be approved and authorized by a licensed dentist with signature by a DHEC official before any activities begin.
- e. Direct Services: Program should provide preventive care and assure access to restorative dental care. School based health personnel have an important role in education and screening of children to ensure that they receive the oral health care they need.
 - i. Dental Sealants
 - ii. Topical Fluoride (varnish, gel, rinse).

- f. Protocols: The program should provide written protocols and procedures for common dental procedures. These should reflect the procedures indicated in the standing orders.

III. Increase education efforts for individual and community awareness of the importance of oral health and the benefits of dental sealants.

- a. Oral Health Education: Program should coordinate oral health education with the school's approved health curriculum.
- b. The program should assist schools and community organizations in providing oral health educational programs for parents and community members.

IV. Referral to and follow up with community dentists for definitive restorative care.

Coordination of Services: Program should coordinate services delivered at the school with those delivered in the community. Student needs can be met more comprehensively when school based programs coordinate and integrate their efforts with existing oral health systems of care in the community. Coordination of care helps to optimize complementary programs, improve the continuity of care, reduce fragmentation, prevent duplication, and maintain affordable resources.

- a. The program will enter into written agreements with local or designated dentist(s) to provide care for needs identified as urgent by the ASTDD Basic Screening Survey and to assure continuity of care. The dentist(s) adopting a school will immediately (within 72 hours) treat students identified for urgent care.

V. Quality Assurance program should include a follow up clinical evaluation.

- a. Effective sealant use: Sealant retention should be checked within one year of application.
- b. An annual site visit to review program operations will be conducted by the Oral Health Division.
 - i. Review program policies and procedures
 - ii. Interviews with program staff and school personnel
 - iii. Inspection of equipment and records
 - iv. Review credentialing process and files
 - v. Review evidence of cultural awareness